

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G	49	5/14 5/20/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H-L	1074	07/07/01
RESPONSE FORMALITY REVIEW	K	307	10/15/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	C	✓	
4	C	✓	
5	✓	✓	
6	✓	✓	
7	-	C	
8	-	C	
9	-	C	
10	-	C	
11	-	C	
12	-	C	
13	-	C	
14	-	O	
15	-	C	
16	-	O	
17	-	C	
18	-	C	
19	✓		
20	O	✓	
21	C	O	
22	C	O	
23	C	C	
24	O	C	
25	✓	C	
26	C	C	
27	C	C	
28	C	C	
29	✓		
30	✓		
31	✓		
32	O		
33	O		
34	C		
35	C		
36	C		
37	C		
38	C		
39	C		
40	✓		
41	✓		
42	✓		
43	✓		
44	✓		
45	✓		
46	✓		
47	✓		
48	O		
49	C		
50	✓		

Claim	Final	Original	Date
51	✓		
52	✓		
53	✓		
54	O		
55	C		
56	C		
57	C		
58	C		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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